

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		/				
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50						
TOTAL IND.	13		13			
TOTAL DEP.	10	↓	9	↓		↓
TOTAL CLAIMS	23		62			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						